



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 5565

Bib Data Sheet

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/037,048 | FILING DATE<br>12/31/2001<br><br>RULE | CLASS<br>267 | GROUP ART UNIT<br>3683 | ATTORNEY<br>DOCKET NO.<br>10541-887 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Robert C. Lawson, San Diego, CA;

\*\* CONTINUING DATA \*\*\*\*\* *Yes D03 9/4/04*

This appln claims benefit of 60/215,422 06/30/2000  
 and claims benefit of 60/276,370 03/17/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None D03 9/4/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/05/2002

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>03/9/4/04</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>4 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 29074  
 VISTEON  
 C/O BRINKS HOFER GILSON & LIONE  
 PO BOX 10395  
 CHICAGO , IL  
 60610

TITLE  
 Manufacturing method for composite transverse leaf spring

|                            |   |  |
|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|----------------------------|---|--|

|     |  |   |
|-----|--|---|
| 954 |  | <input type="checkbox"/> Other<br><input type="checkbox"/> Credit |
|-----|--|---|